

MULTIPLE DEPEN CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575016

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
	IND.		DEP.		IND.			IND.		IND.		IND.			
	1		1		1		1		51		51		51		51
2			1						52						
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47			1						97						
48			1						98						
49			1						99						
50			1						100						
TOTAL IND.	1														
TOTAL DEP.	8														
TOTAL CLAIMS	9														